

Advanced Life Support Policy/Procedure #12

Security and Maintenance of Pre-Hospital Medications and Supplies

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Revision: 01/04

This policy has been established to support the requirements of the Operational Medical Director, the Virginia Pharmaceutical Board, the Virginia Office of EMS, Loudoun Hospital Center (LHC), and the Loudoun County EMS Advisory Council, Inc. (EMS Council) pertaining to the security, storage, and maintenance of pre-hospital medications and associated administration supplies. The EMS Council approves and provides oversight of the countywide medication security system. Loudoun County Advanced Life Support Providers and the EMS Agencies are responsible for the security and maintenance of all medications and supplies utilized for pre-hospital emergency care.

1. SECURITY OF PRE-HOSPITAL MEDICATIONS

- A. Narcotic medications or any other medications identified as “Controlled” by the Virginia Pharmaceutical Board shall be secured under a double lock system.
 - 1. They must be stored in a separate wall mount double locked security box approved by the EMS Council and secured to the licensed EMS vehicle. Only locally authorized ALS Providers are permitted access to the security box.
- B. All other medications, intravenous (IV) infusion supplies, needles, and syringes shall be secured in a locked compartment of a licensed EMS vehicle or a locked cabinet in the station.

Note: Station cabinets must not be portable and must be secured to a fixed location. Supplies not to exceed the equivalent of one (1) complete medication kit (exclusive of narcotics) may be maintained in the locked station cabinet. The locked station cabinet must have the same keying mechanisms as found on a licensed EMS vehicle.

2. MEDICATION SECURITY SYSTEM

The EMS Council provides, and is responsible for, funding of a countywide medication security system consisting of approved security boxes, and standardized locking mechanisms and keys, which must be utilized by all ALS providers and EMS Agencies in the Loudoun County EMS system.

- A. All medication keys, locks, and lock boxes are the property of the EMS Council.

- B. All locally authorized ALS providers are assigned two keys for these locks. All keys are stamped with a number for accountability of specific keys assigned to locally authorized ALS providers. The EMS Council maintains a file of all assigned keys and locally authorized ALS providers.
- C. The EMS Council has established approved vendors to provide locks, keys, and service. In order to obtain additional locks, the EMS Agency is to notify the Chairman or Vice Chairman of the EMS Council, or his/her designee. These two persons are the only authorized personnel maintained on the vendor's files to obtain locks and/or keys. The EMS Agency will be notified when the order has been received to coordinate pick-up or delivery. Agencies requiring repairs on existing locks should notify the Chairman, or in his/her absence, the Vice Chairman, of the EMS Council that repair work has been requested and completed.

3. SECURITY OF KEYS AND ACCESS TO THE LHC PYXIS

- A. Locally authorized ALS providers must complete the following steps to obtain keys and access to the LHC Pyxis system:
 - 1. Complete and endorse the "Recipient Agreement – Medication Security System Keys" form (see Appendix).
 - 2. Complete and endorse the "Pyxis Access" form (see Appendix). The ALS provider shall not select and document a password until the form is delivered to the LHC Pharmacy for processing.
 - 3. The "Recipient Agreement" form shall be given to the Chairman or Vice Chairman of the EMS Council, or his/her designee, who will provide the ALS provider with keys.
 - 4. The Chairman or Vice Chairman of the EMS Council, or his/her designee, shall endorse the Pyxis Access form. The ALS provider shall take the endorsed Pyxis Access form to LHC, have the Resource Nurse endorse the form, and then take the form to the Pharmacy for processing. The EMS Council shall maintain copies of all authorized Pyxis Access forms. In order to maintain confidentiality of the provider's password, the file copy shall be made prior to selection of the password.

B. Lost or Stolen Keys

1. If at any time a key is lost or stolen, this information shall be immediately reported to the Chairman of the EMS Council and or the Deputy Chief of EMS and Volunteer Support Services. If the entire medication security system is compromised, the Chairman will notify the EMS Council of the situation. The EMS Council will decide actions to be taken at that time.
2. The EMS Agency responsible for the breach of security may be held liable for damages including, but not limited to, costs associated with subsequent re-keying of the EMS Council medication security system.

C. Broken Keys

1. If at any time a key is broken, the remaining portion of the key shall be returned to the Chairman of the EMS Council or the Deputy Chief of EMS and Volunteer Support Services. A replacement key will be issued at that time.

4. CHANGES IN ALS PROVIDER STATUS

- A. If an ALS provider resigns their ALS Local Authorization, or has it suspended or revoked, the following shall apply:
1. The affected ALS Agency Chief or his/her designated ALS provider is responsible for obtaining the keys assigned to the ALS provider.
Note: The ALS Agency Chief must be an ALS provider or must designate an ALS provider to act on his/her behalf.
 2. The Chairman or Vice Chairman of the EMS Council shall be notified of the change in the ALS provider's status within 24 hours of the action.
 3. The keys shall be returned to the Chairman of the ALS Committee or his/her designee.
 4. The Chairman or Vice Chairman or the EMS Council shall notify the LHC Pharmacy that this provider shall no longer have access to the Pyxis system.

- B. If an ALS provider changes his/her affiliation with an EMS Agency within the Loudoun County system:
 - 1. The provider shall surrender his/her originally assigned keys and be reissued keys numbered in accord with his/her new agency of affiliation by the Chairman or Vice Chairman of the EMS Council. Completion and endorsement of a new "Recipient Agreement – Medication Security System Keys" (see Appendix) shall be required.

5. ROUTINE INSPECTION OF MEDICATIONS AND SUPPLIES

Licensed ALS, EMS Agencies are responsible for maintaining each of the medication kits utilized by the Agency. Maintenance of the kits includes the following specific responsibilities:

- A. Performing and documenting the results of regular inspections of the medication kits.
 - 1. Agencies that run a minimum of three hundred (300) ALS calls annually will check each medication kit **daily** using the "Medication Kit Inventory" (see Appendix).
 - 2. Agencies that run fewer than three hundred (300) ALS calls annually will check medications kits a **minimum** of once a week. For these agencies, a seal with the date and the ALS provider's initials shall be placed on each kit following the check.
- B. Ensuring that the specified quantity of each of the medications and supplies listed on the "Medication Kit Inventory" (see Appendix) is present.
 - 1. Medications shall be checked for presence, proper amount, proper packaging, damage, and expiration date.
 - 2. All other supplies such as IV supplies, etc., shall be appropriately inspected and inventoried.
 - 3. All medications, supplies, and the kit are clean and free from any bio-hazardous or other foreign material.
 - 4. Ensure that the security of the medication kit can be maintained.

- C. Maintain accurate documentation of the inspections.
 - 1. Medication checks shall be noted in the station logbook indicating the date and name of the ALS provider who completed the inspection (e.g., Unit XX-Y medications checked and secured on mm/dd/yyyy by ALS provider Name and #).
 - 2. Medication checklists shall be kept on file in the station for two (2) years, to coincide with the EMS Agency inspection.

6. MEDICATION EXCHANGE

- A. Medications Used During an Incident

The ALS “Attendant in Charge” on an incident is responsible for ensuring that all medications and supplies used during a specific incident are replaced and that the medication kit is secured following the incident

 - 1. When a medication is used during an incident resulting in transport to a hospital other than LHC, the medication may be replaced at the receiving hospital, provided the medication is replaced with a medication of the same concentration and container type currently carried on Loudoun County EMS units. In the event that the receiving hospital does **not** have the appropriate medication to replace the one used, the medication shall be replaced at LHC. The appropriate patient information shall be supplied to LHC at the time the medication is replaced to allow for the appropriate billing of the patient.
 - 2. In the event that a patient is transferred to another service (e.g. Helicopter, Mutual Aid unit), not transported, or transported to a hospital that cannot provide replacement medications or supplies, the ALS provider will make arrangements to obtain the necessary supplies from LHC. The appropriate patient information shall be supplied to LHC at the time the medication is replaced to allow for the appropriate billing of the patient.

B. Expired or Expiring Medications

1. The exchange of **expiring** medications is restricted to LHC-Lansdowne campus. Medications with month and year expiration dates (e.g. 01/01) shall be assumed to expire on the last day of the month. Medications with a month, day, and year expiration (e.g. 01/25/01) will expire on the date noted. Controlled medications maintained in the separate pouch(s) shall be returned for exchange based on the expiration date noted on the pouch. All other medications are to be returned for exchange two (2) months prior to the printed expiration dates.
 - a. Expired or expiring medications may be exchanged using the Pyxis in the LHC – ED – Lansdowne campus. **The Pyxis in the LHC – ED Cornwall campus will only be used for the replacement of medications used on calls.** When replacing medications using the ED Pyxis, the expired medications shall be sent directly to the Pharmacy, between the hours of 0700 – 2300, via the tube system located adjacent to the X-ray viewing area in the ED. At no time shall any medications be left in an unsecured area open to unauthorized personnel. In addition, no expired medications shall be placed into, or on top of, the Pyxis. When returning the expired medications to the Pharmacy via the tube system, the ALS provider must complete and include a copy of the Medication Exchange form (see Appendix).

C. Controlled Medications

1. Exchange of controlled medications shall be handled with the assistance of the on duty Resource Nurse in the ED, in accordance with the established narcotic exchange policy of the hospital.
2. When replacing controlled medications that were used on a specific incident, the ALS provider is responsible for completing the Controlled Medications form found in the controlled medication pouch. The Pharmacy copy of the completed incident report, including the physician's signature, shall be attached to the Controlled Medications form. The Resource Nurse will then verify the medications in the pouch, sign the form, and provide a replacement pouch to the ALS provider.

3. Patient(s) transported to hospitals outside the Northern Virginia EMS Council Region shall have their controlled medication pouch(es) exchanged with the Resource Nurse at LHC.
4. If there is any remaining controlled medication after termination of patient care, it shall be disposed of in the manner approved by the Chief Pharmacist at Loudoun Hospital Center. The ALS provider, in the presence of a witness, must waste the unused portion of the medication. The witness to the wasting of the medication will then sign the form that they have witnessed the wasting of the medication. The form, in addition to the empty medication container will then be turned in to the receiving ED nurse for replacement.
5. When exchanging controlled medications due to expiration, the ALS provider will hand the sealed medication pouch to the Resource Nurse who will exchange the pouch in accordance with the policies of LHC Pharmacy.

7. DISCREPANCIES

Any discrepancies identified regarding controlled medications shall be reported to the EMS Agency, the Chairman of the EMS Council and the Deputy Chief of EMS and Volunteer Support Services within 24 hours of the discovery of the discrepancy. In addition, the Office of Emergency Medical Services – Virginia Department of Health in the manner and time frames established in the Rules and Regulations. The Chairman of the EMS Council and/or the Deputy Chief of EMS and Volunteer Support Services will notify the Operational Medical Director once an investigation has been conducted. If evidence of criminal activity is present, law enforcement should be contacted immediately by the EMS Agency. In all other instances, the decision to notify law enforcement authorities will be decided upon following the initial investigation of the incident and a review of the information by the Operational Medical Director, Chairman of the EMS Council and the Deputy Chief of EMS and Volunteer Support Services.

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